

DISCHARGE ADVICE FOLLOWING GASTRIC BYPASS

Lifestyle Measures after Bariatric Surgery:

I recommend the following general dietary advice – otherwise you are likely to regain weight:

1. You should restrict themselves to eating three small meals and take regular exercise of at least 30 minute sessions 3-4 times a week.
2. You should separate solids from liquids during your meals by at least half an hour.
3. You should eat one small mouthful a minute and chew it well
4. You should eat 3 meals including breakfast a day - your meals should consist of a maximum of 20 to 30 mouthfuls and taken over 20 to 30 minutes at least.
5. You must avoid consuming high energy foods or drinks (like fast food, crisps, chocolate, fruit juice, fizzy drinks or alcohol).
6. You must stop eating as soon as you feel full and not eat if you are not hungry.
7. You may find it difficult to take tablets or capsules – hence it is advisable that all oral medications you take are dispersible, liquid or crushed.
8. You may find it difficult to swallow bread, meat or other stringy food.
9. I also recommend that you attend our Bariatric Support Group evenings in order to help you remember lifestyle changes required for long term weight control.

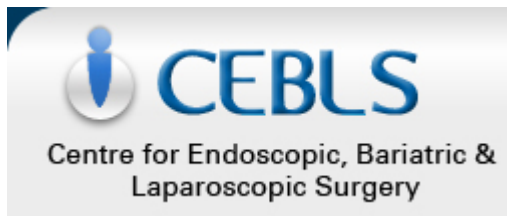
Nutritional Deficiency after Gastric Bypass:

Please note that laparoscopic gastric bypass patients are **prone to nutrient deficiency**, in particular to **vitamin B12, Folic Acid, iron, calcium, vitamin B1** and sometimes other micronutrients like **zinc, magnesium, copper, selenium, vitamin C etc.** Patients can suffer from neurological, immunological, cardiovascular and other sequelae unless regular monitoring is performed and supplements prescribed. Hence, I would strongly recommend that your GP monitors your iron, calcium and vitamin levels on a 6-monthly basis.

Nutritional Supplements after Gastric Bypass:

There are 3 nutrients that are of particular concern following gastric bypass.

1. **Absorption of iron** is compromised by decreased food intake (especially red meat), lack of gastric acid and bypass of duodenum and proximal jejunum where iron absorption is most efficient. Menstruating women will be at higher in risk of deficiency. The incidence of deficiency is between 25-52%. I recommend that you take a total of 50mg of elemental iron is taken a day.
2. The lack of gastric acid and the bypass of the duodenum and proximal jejunum, sites of absorption, also **compromises absorption of calcium and vitamin D**. The incidence of deficiency is between 10-50%. I recommend that you take a total of 1000-1500mg / day of calcium.



3. **Vitamin B12** levels are also compromised due to decreased gastric acid, a lack of intrinsic factor and decreased red meat intake. The incidence of deficiency is 37%. It is most efficiently used in the body if given intramuscularly.

Therefore I would recommend that your GP prescribes the following products and monitors your blood levels:

- **Calcium supplements- 1000mg calcium / day. Liquid or effervescent tablets**
- **Ferrous Sulphate/ ferrous fumarate or sodium ferredetate – drops, syrup or sugar free elixir. 50mg of iron/day**
- **Hydroxocobalamin Vitamin B12 injections – 1mg every 3-6 months**
- **Multivitamins containing the vitamins (A, D, E, K, B1, B2, B6) mentioned previously – Forceval, Sanatogen gold, Centrum and Well Kid Chewable contain these vitamins.**

You can also find more information on my websites www.obesitycliniclondon.co.uk and www.cebls.com.